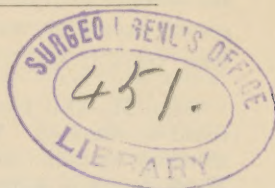


SMITH (A. H.)

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WAKING-NUMBNESS:<sup>1</sup>  
A HERETOFORE UNDESCRIBED NEUROSIS.

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Six years ago the following case came to my notice, and I have had constant opportunity to observe it since:

CASE I.—A gentleman, forty-three years of age, in perfect health, and very actively engaged in professional work, experienced every time that he awoke from sleep a sensation of numbness in the ulnar distribution in each hand. The sensation exactly resembled that which results from pressure upon a nerve, and with which we are all so familiar, when, as we say, the foot goes to sleep. But it was soon observed that motion, sensation, and the tactile sense were entirely unaffected, while in the case of pressure upon a nerve, all these functions are suspended. The condition occurred independently of posture and of any other circumstance, save the essential one of waking out of sleep. If the patient dozed a moment in his chair, the peculiar sensation was sure to be present when he awoke.

For some months the numbness or tingling was confined to the little finger and the ulnar side of the ring finger, but gradually it spread over the whole of both hands, then up to the elbows, and finally reached the shoulders, and overspread the upper part of the thorax. Next, the tip of the tongue became affected, and in the course of two or three years the lips were included. Since then there has been no further progress; on the contrary, for the last year and a half the shoulders and chest have been exempt. The period during which the patient is conscious of the sensation does not exceed a minute. He thinks that for some time past it has been absent very frequently, but he has become so accustomed to it that it may pass unobserved, unless more than usually intense.

Quite often a position is assumed during the night in which the ulnar nerve is compressed. The opportunity is then afforded of contrasting the two conditions. In the ulnar distribution there will be paralysis of motion and sensation, and the tactile sense will be lost; while in the rest of the hand these functions will be intact. The feeling of numbness, however, will be uniform throughout the hand.

I have been able to collect three cases of this affection, besides the one described above. One was in my own practice, and the others in

<sup>1</sup> A convenient name for this would be *narcolephypnia*; *ναρκη*, numbness; *ἀφύπνω*, to awake.



the practice of friends, to whom I am indebted for the histories. The second case in my own practice occurred in the person of a type-setter, forty years of age, who came under my observation November 5, 1886.

CASE II.—No history of syphilis, rheumatism, or the alcohol habit could be obtained. Was well until five years ago, when, on waking one morning, he found himself partly paralyzed in the right arm and leg. There was also some thickness of speech, which, however, soon disappeared. The paresis continued, and two years later was followed by a similar attack affecting the left side and the left half of the face. This attack was accompanied by intense abdominal pain and severe constipation, and was followed by edema of the right leg. The paresis still continues, being most marked in the right leg. He drags the right toe in walking. He is cachectic and badly nourished, and there is a blue line along the gums. Has had several attacks of lead colic. The patellar reflex is diminished on the left side, and slightly exaggerated on the right. Umbilical reflex normal on the left side, absent on the right. Cremasteric absent on the left side, normal on the right. Plantar reflex exaggerated on the left side. Electro-muscular contractility everywhere normal.

Patient complains of a sensation of numbness or tingling in the fingers of both hands on awaking out of sleep. There is no impairment of motion, and he can appreciate the qualities of the bed-clothes, for example, by the sense of touch, as well as ever. There is no change in the appearance or temperature of the fingers. The sensation is always present on awaking, even if it be only from a short nap in the daytime. It passes off in the course of one or two minutes, without having recourse to rubbing or other means for its removal. Occasionally it is felt on the left side of the face and neck. The patient is an intelligent man, and his statements are very clear and definite.

The next case is furnished by Dr. S. H. Hunt, of Long Branch, N. J., and I will give it in his own words:

CASE III.—Miss G. S., æt. twenty-five years, had, in August last, a severe attack of malarial dysentery, which lasted for one week, producing great emaciation and prostration. After a few weeks her recovery seemed complete, and she was able to perform her accustomed household duties. In the last week of November I was called to see her on account of a numbness of the right arm, which occurred only on her waking in the morning. It was referable to the ulnar side of the arm, and she complained mostly of those parts which received the terminal branches of the ulnar nerve. She stated that she had noticed it for the previous two weeks. There was no loss of motion or sensation, or of the tactile sense. It seemed to commence in the extremities of the fingers, and extended up the arm. She commenced rubbing her hand and forearm on waking, and this condition often lasted an hour or two. Knowing her previous history, and suspecting it might be attributable to malarial toxæmia, I gave her antiperiodic doses of quinine, twenty grains daily. On the first night she awoke at midnight, and said the sensation occurred at that time, but was very slight. On the repetition of the dose, there was an entire absence of the sensation, which led me to believe I had found the cause of the trouble. Much to my chagrin, there was a recurrence

of the numbness on the third morning. Quinine, iron, and strychnine were then given as a tonic, but the sensation was persistent and obstinate for another week. This tonic, with a change of climate and absolute rest, ultimately gave her relief, and the peculiar numbness disappeared with her general improvement. Up to this date, January, 1887, there has been no return of it. The arm "being asleep," from the position in which it is placed, is a frequent occurrence, but this sensation at waking, and lasting so long, has led me to inquire what is the *cause* or condition that gives rise to it.

The next case occurred in the practice of Dr. S. H. Burchard, of New York, and is furnished to me by his associate, Dr. H. A. Mandeville :

CASE IV.—Mr. B. W. B., fifty-three years of age. Patient is now suffering from partial paraplegia dependent upon chronic myelitis. About six weeks ago patient began to complain of sensation of general numbness upon first awakening in the morning, which lasts until after free muscular movements of the body, when it gradually passes off; if the patient falls asleep again he experiences the same sensations, which are relieved in the same manner. During these attacks he has absolutely no loss of power; his common sensation, as well as his tactile sense, is perfectly normal. Urine contains a large quantity of oxalate of lime, and is highly acid, otherwise normal.

The patient has been in the habit of sleeping with his head very low, and, thinking that the numbness might be due to an impeded cerebral circulation, it was suggested that he sleep with his head higher. This was accordingly done, with relief to the more prominent symptoms in a few days, but he still complains of the numbness on first awakening.

From a study of these cases it is apparent that the numbness is something added to the normal condition, while nothing is subtracted from it. It is a purely subjective condition. There is no paralysis of motion or sensation, the tactile sense is unimpaired, there is no change in the temperature of the affected part, the surface is not blanched or mottled, there is no tenderness on pressure. These characteristics separate this condition widely from those known under the names of night-palsy, local asphyxia, *digiti mortui*, Raynaud's disease, erythromelalgia, and from the various paræsthesias and acroneuroses heretofore described.

Doubtless the conditions upon which the numbness depends are present during sleep, but the sensation is not sufficiently strong to arouse the sleeper, and he first becomes conscious of it when awakened by some other cause.

The cause of this condition is probably central, since the effect is usually symmetrical. It would seem to be connected with the lowering of the circulation which takes place during sleep, and to disappear when the circulation returns to the waking condition, whether the return be spontaneous, or the result of rubbing, etc. As to the latter, it is doubtful whether it has any other effect than that upon the general circulation which the muscular exertion would necessarily produce.



As for treatment, in the only case in which the condition existed by itself, and independently of more serious conditions, ergot, digitalis, strychnia, and aconite were tried at different times, but without result. The inconvenience produced by the affection was so slight, that no treatment was carried out efficiently, so that even these negative results were of no value. In each of the other cases there was a diseased condition present, to which the numbness was subordinate, and which afforded the indications for treatment. In proportion as the treatment of the underlying condition was successful the numbness disappeared. If it be true that the cause is central, no local treatment is likely be of service.



